

DIRECT DEPOSIT AUTHORIZATION FORM

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AUTHORIZATION

I hereby authorize U. S. Army Corps of Engineer, hereinafter called USACE, to initiate direct deposit credit entries to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit the same to such account

(1) **Check One of the following Statements:**

I am not currently participating in the Direct Deposit Program **OR**
() **ADD** - Deposit my payment to the account shown.

I am currently participating in the Direct Deposit Program
() **CHANGE** - Change financial institutions and/or account number.

(2) **Installation EROC** _____

Name or (Company as shown on invoice): (3)		
Address: (4)		
City: (5)	State:	Zip:
Mailing Address (if different): (6)		
Daytime Phone: () (7)		

Contract # (Optional):

If more than one contract, please list on a separate sheet.

**Please ask your Financial Institution for your Depositor Account Number and Routing Number
(Indicate which type account to credit)**

Type of Depositor Account Please check a box.	<input type="checkbox"/>	Checking (8)	<input type="checkbox"/>	Saving (9)													
Depositor Account Number (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Financial Institution: (11)																
Address: (12)																
City: (13)										State:				Zip:		
Routing Number: (14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depositor Account Title: (15)																

Tax ID No. (TIN) for Business: (16)	<input type="checkbox"/>
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SIGNATURE: (17) _____ **DATE: (18)** _____